

PCA – Process Intermediate Care Facilities for Intellectual Disabilities Cost Report Via Desk Review

Purpose: Review the cost report using desk review procedures to determine if reported costs are allowable and reasonable for Intermediate Care Facilities for Intellectual Disabilities. Form 470-0030, Financial and Statistical Report is due 90 days after the provider's fiscal year end.

Identification of Roles:

1. Accounting Assistant – reviews the cost report to determine if all the necessary information was completed and received. Imports/data enters cost report. Also reviews the reported items to make sure it foots and ties out to supporting documentation.
2. Staff Accountant – performs desk review procedures to determine reasonable and allowable costs.
3. Senior Accountant – may perform desk review procedures and perform reviews.
4. Supervisor – perform review of desk review procedures and adjustments.
5. Manager – may perform review of desk review procedures and adjustments.

Performance Standards:

Perform annual desk review and notify the provider and the Department of the new payment rate by sending a rate sheet within 90 days of receipt of the financial and statistical report.

Notify the provider and the Department of the new payment rate by sending a “rate sheet” within two months of the end of the month after receipt of the financial and statistical report.

Path of Business Procedure:

Cost Report Process

- Step 1: The cost reports are submitted by Intermediate Care Facility for Intellectual Disabilities (ICF/ID) providers. Mailroom receives Cost Report and scans into On-Base and forwards report to Provider Cost Audit (PCA). If electronic version, then the disk is sent to Provider Cost Audit.
- Step 2: Postmark date of Cost Report is scanned into On-Base.

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- Step 3: Receive notification from On-Base that cost report is ready for processing.
 - Step 4: Receive hard copy and electronic version of cost report from mailroom.
 - Step 5: Perform preliminary review of cost report.
 - Step 6: Log receipt of Cost Report in status log in Access and Iowa Medicaid Cost and Rate System (IMCARS).
 - Step 7: Send "Cost Report Acknowledgment" letter to agency. Letter is located on the Provider Cost Audit share drive.
 - Step 8: Cost Report information is imported/data entered into IMCARS
 - Step 9: Review Cost Report for mathematical accuracy and completeness.
 - Step 10: Log support staff review complete date in status log in Access and IMCARS.
 - Step 11: Perform desk review.
 - Step 12: Make necessary adjustments to reported data to determine allowable costs.
 - Step 13: Review patient day costs for reasonableness.
 - Step 14: Log accountant review complete date in status log in Access and IMCARS.
 - Step 15: Perform review of procedures and adjustments.
 - Step 16: Log review complete date in status log in Access and IMCARS.
 - Step 17: Process desk review report and calculate payment.
 - Step 18: Send the provider rate sheet from IMCARS to the agency via mail.
 - Step 19: Update rates and effective dates in Medicaid Management Information System (MMIS).
 - Step 20: Log date report sent in status log in Access and IMCARS.
 - Step 21: Give Quarterly Agreed Upon Procedure Report to the Department of Human Services (DHS).
 - Step 22: Prepare Annual Compilation summarizing cost and statistical data from provider submitted cost reports.
 - Step 23: Calculated 80th percentile of per diem costs which will be used as limit in the following year rate determinations.
 - Step 24: Submit new limit to CORE to update MMIS parameter files as necessary.
 - Step 25: Update MMIS User Guide.

Annual Process

- Step 1: Update limit and inflation factor in Iowa Medicaid Cost and Rate System (IMCARS).
- Step 2: Calculate annual rates, effective July 1 based on changes in 80th percentile limit and changes in inflation.
- Step 3: Send rate notification to provider.
- Step 4: Update rates and effective dates in the MMIS. This will be done either manually or uploading an electronic file.
- Step 5: Determine monthly assessment amounts
- Step 6: Process monthly assessment gross adjustments.

Forms/Reports:

- 1. Form 470-0030, Financial and Statistical Report – hard copy provided.

2. Provider workpapers.
3. Desk Review program and workpapers.
4. Desk Review report.
5. Annual Compilation Report
6. 80th Percentile Limit Report

RFP References:

Section 6.7.1.2b

Interfaces:

Medicaid Management Information System (MMIS)
IME Core Unit
Department of Human Services (DHS)

Attachments:

Form 470-0030 –

http://www.ime.state.ia.us/docs/NursingFacility_V597version.xls

Instructions to Form 470-0030 -

<http://www.ime.state.ia.us/docs/CostReportInstructions4.pdf>